

OIL CONSERVATION DIVISION

Drawer DD                      Artesia, N.M.

DISTRICT OFFICE    II

July thru December 1991

NO. 2035 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE August 16, 1991

PURPOSE ALLOWABLE ASSIGNMENT - NEW OIL

Effective August 1, 1991 an allowable for a marginal (M) well is hereby assigned to Siete Oil & Gas Corp., Osage Federal #17-K-34-19-29 in the Parkway Delaware Pool. Well is DHC (DHC-809) with the Parkway Bone Spring Pool.

DHC-809  
Delaware Oil 61% Gas 34%  
Bone Spring Oil 39% Gas 66%

L - F

MP - F

NEW/AM

Siete Oil & Gas Corp.

CON  
PP

OIL CONSERVATION DIVISION

  
\_\_\_\_\_  
DISTRICT SUPERVISOR

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

MAR 28 1991

O. C. D.  
ARTEZIA, OFFICE

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Siete Oil and Gas Corporation	Well API No. 30-015-26028
Address P.O. Box 2523, Roswell, NM 88202-2523	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: New Reservoir Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Osage Federal	Well No. 17	Pool Name, Including Formation Parkway Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-24160
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>19S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 1406 N. West County Rd., Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34	Twp. 19S	Rge. 29E
Is gas actually connected?	When?		yes 3/7/91	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 11/12/90	Date Compl. Ready to Prod. 3/10/91		Total Depth 9500'		P.B.T.D. 5482'			
Elevations (DF, RKB, RT, GR, etc.) 3321' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 5352'		Tubing Depth 5280'			
Perforations 5352' - 5376.5'						Depth Casing Shoe 8243'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	366'	800 sxs circ
17 1/2"	13 3/8"	1120'	750 sxs circ
12 1/4"	8 5/8"	3200'	1400 sxs (1" w/537 sxs)
7 7/8"	5 1/2"	8243'	990 sxs

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 7/8" tbg set @ 5280'

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 3/7/91	Date of Test 3/10/91	Producing Method (Flow, pump, gas lift, etc.) 228 American PU	
Length of Test 24 hrs	Tubing Pressure N/A	Casing Pressure N/A	Choke Size 8-23-91
Actual Prod. During Test 47	Oil - Bbls. 11	Water - Bbls. 36	Gas- MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Cathy Batley-Seely  
Signature  
Cathy Batley-Seely, Drilling Technician  
Printed Name  
3/27/91  
Date  
(505)622-2202  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 16 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.